DO NOT file this claim if you are going to file a Missouri income tax return!

	i i				O-PTC	AMEND	ED CL	AIM										
PR					NT OF REVENI EDIT CLA		/END(OR										
	AL SECURITY		, .,	<u> </u>	SPOUSE'S SOCIAL SECU													
LAST	NAME				FIRST NAME		INITI	AL JR, SR										
BIRTH	IDATE M	IM	DD	YY	TELEPHONE NUMBER			DECEASED 2005										
SPOU	SE'S LAST N	NAME			FIRST NAME		INITI	AL JR, SR										
BIRTH	IDATE M	IM	DD	YY				DECEASED 2005	IN CARE	OF NAME (AT	ITORNEY, EXE	ECUTOR, I	PERSONAL	REPRES	ENTATIV	E, ETC.)		
PRES	ENT HOME A	ADDRESS							CITY, TO	WN, OR POST	OFFICE				STATE	E Z	IP CODE	
S	You mus	st chec	k a qual	ification	to be eligible for	a credit	Che	ck only o	ne Re	ouired c	onies of l	etters	forms	etc r	nust h	e incli	ıded with	claim
QUALIFICATIONS	☐ A.	65 yea	ars of ag 1099.)	ge or old	ler (Attach a co	py of F	orm	-		C. 10 So	00% Disal	bled (Attach Admin	a co istrat	py of ion o	the le r Forr	tter from) 099.)
3UAL					an as a result of r <mark>om Departme</mark> r					ט. 60 be	nefits (A	age o	a copy	of F	orm S	sa surv SSA-1	iving spo 099.)	ouse
_	ING STA	ATUS	☐ Sin	•	Married — Filing	•				•	•			¹ ∣yo	f mar u mus	ried fil	ling comb	oined, ncomes.
				Fail	ure to provide t 1099(s), W-2									ot(s),				
					I security benefits	received	by yo	u and/or	your mir	nor childre	en before							
	Α	any deductions and/or the amount of social security equivalent railroad retirement benefits. Attach Form SSA-1099 and/or RRB-1099.										1			00			
ш	 Enter the total amount of wages, pensions, annuities, dividends, interest income, rental income, or other income. Attach Forms W-2(s), 1099(s), 1099-R(s), 1099-DIV, 1099-INT, 1099-MISC, etc. 										2			00				
CON					ad retirement ben R (Tier II)		inclu	ded in Lir	ne 1) be	fore any	deduction	S. 			3			00
רם וו	4. Enter the amount of veteran's payments or benefits before any deductions. Attach letter from Veterans Affairs									s	4			00				
HOUSEHOLD INCOME	 Enter the total amount received by you and/or your minor children from: public assistance, SSI, child support, Temporary Assistance payments (TA and/or TANF). Attach a copy of Form SSA-1099(s), a letter from the Social Security Administration and/or Social Services that includes the total amount of assistance 																	
된					tration and/or Soont nt Security 1099,						nount of a				5			00
					e — Add Lines 1 t										7			00
		 Enter \$2,000 if you are married and filing a combined claim with your spouse. Otherwise, enter "0". Net household income — Subtract Line 7 from Line 6. If the total is over \$25,000, 														00		
	n	o cred	it is allov	<u>wed — D</u>	o not file this cla	im. (An	nount	from Line	e 8 is us	ed to figu	ire your ci				8			00
AX/		issessi	ments. I	Attach a	e, enter the total a copy of PAID repoble home, attac	eal estat	te tax	receipt	s). If y	our hon	ne is on ı	morre t	than fiv	eciai e	9			00
REAL ESTATE TAX / RENT PAID	10. lf	you re	nted you	r home,	enter the amount f 6, attach rent pa	rom Forr	m MC	CRP(s),	Line 8	in box be	low. (If to	otal ye	early	ear				
ESTA ENT	0	r each	month	or a sta	tement from you) will be accepte	r landlo	rd, a	long with	Form	MO-CRF	P. Copies	s of ca	incelled	I				
EAL	p	rovide	rent re	ceipts, c	r statement				10a.			00	x 20%	=	10b			00
æ	1 11. 1				Add Lines 9 and used to figure your										11			00
CREDITS	12. Y	ou mu	ist use t	he char	t on pages 14 ar es 8 and 11 to ch	nd 15 to	See	how muc	h refun	d you are	e allowed	Tay C	'rodit					
	L	ine 12	should r	not exce	ed \$750. Enter of examined this return, inclu	redit her	<u>re</u>		<u></u>	<u> </u>	<u>.</u> .	OTAL	<u>. REFUI</u>		12	and some	oto Doolessati	00
	other than ta	axpayer) is	s based on al	I information	of which he/she has any k	nowledge. A	As provi	ded in Chapte	r 143, RSM	lo, a penalty of	of up to \$500 s	shall be in	nposed on a	ny indivi	dual who	files a friv	olous claim.	ıı oı preparer
	authorize th	e Director	of Revenue	or delegate t	to discuss my claim and at	DATE	vith the p	oreparer or an		of the prepare RER'S SIGNA		YES L	J NO PF	KEPARE	R'S PHON		SSN, OR PTIN	
SIGI	SPOUSE'S SI	IGNATURE				DAYTIME ⁻	TELEPH	ONE	PREPA	RER'S ADDR	ESS AND ZIP (CODE					DATE	
	Ма	il clai	m and a	attachn	nents to Misso	uri Dep	artn	nent of I	l Reven	ue, P.O.	Box 33	85, Je	efferso	n Cit	y, MC	0 6510) 5-3385.	



MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2005

2005 FORM MO-CRP

Read instructions.
 Print or type.

Failure to provide landlord information will result in denial or delay of your claim.

1. SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER			OU RELATED TO YOUR LAN , EXPLAIN.	DLORD?	YES NO			
	LANDLORD'S							
2. NAME 3.	3. LANDLORD'S NAME, SOCIAL SECURITY NO., OR FEIN (MUST BE COMPLETED)							
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)	LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)							
CITY, STATE, AND ZIP CODE 4.	. LANDLORD'S	PHONE N	IUMBER (MUST BE COMPLE	ETED)				
5. RENTAL PERIOD FROM: MONTH DAY YEAR DURING YEAR		TO:	MONTH DAY YEAR					
 Enter your gross rent paid. Attach rent receipt(s) for each rent payment or the er or copies of cancelled checks (front and back). If receiving housing assistance. Check the appropriate box and enter the corresponding percentage on Line 7. A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% 	6		00					
 □ B. MOBILE HOME LOT — 100% □ C. BOARDING HOME / RESIDENTIAL CARE — 50% □ D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% 								
 E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) G. SHARED RESIDENCE — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. 								
Additional persons sharing rent/percentage to be entered: 1 (2 (33%)	□ 3 (25%)	7		%		
8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND FORM MO-PTS, LINE 12a OR FORM MO-PTC, LINE 10a.				8		00		

MO 860-1089 (11-2005)

For Privacy Notice, see the instructions.

MISSOURI DEPARTMENT OF CERTIFICATION OF RE	FOR	Por Port Port Port Port Port Port Port P						
SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER	BER ARE YOU RELATED TO YOUR LANDLORD? YES NO IF YES, EXPLAIN.						
2. NAME	3	3. LANDLORD'S NAME, SOCIAL SECURITY NO., OR FEIN (MUST BE COMPLETED)						
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)	L	ANDLORD'S AD	DRESS, (CITY, STATE, AND ZIP COD	E (MU	IST BE COMPLETED)		
CITY, STATE, AND ZIP CODE	4	. LANDLORD'S	PHONE N	UMBER (MUST BE COMPL	ETED))		
5. RENTAL PERIOD FROM: MONTH DAY DURING YEAR	Y YEAR	TO: MONTH DAY YEAR						
Enter your gross rent paid. Attach rent receip or copies of cancelled checks (front and batter)		6	00					
7. Check the appropriate box and enter the cor								
A. APARTMENT, HOUSE, MOBILE HO	OME, OR DUPLEX — 100%							
☐ B. MOBILE HOME LOT — 100% ☐ C. BOARDING HOME / RESIDENTIAL	CADE 500/							
D. SKILLED OR INTERMEDIATE CAR	*****							
☐ E. HOTEL If meals are included, enter								
F. LOW INCOME HOUSING — 100%								
☐ G. SHARED RESIDENCE — If you sha								
or children under 18), check the a								
Additional persons sharing rent/	7	%						
8. Net rent paid — Multiply Line 6 by the percel FORM MO-PTS, LINE 12a OR FORM MO-P			<u></u>	8	00			



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2005 FORM MO-CRP

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1. SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER			OU RELATED TO YOUR LAN , EXPLAIN.	DLORD?	YES NO			
	LANDLORD'S							
2. NAME 3.	3. LANDLORD'S NAME, SOCIAL SECURITY NO., OR FEIN (MUST BE COMPLETED)							
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)	LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)							
CITY, STATE, AND ZIP CODE 4.	. LANDLORD'S	PHONE N	IUMBER (MUST BE COMPLE	ETED)				
5. RENTAL PERIOD FROM: MONTH DAY YEAR DURING YEAR		TO:	MONTH DAY YEAR					
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MISSOURI DEPARTMENT OF CERTIFICATION OF RE	FOR	Por Port Port Port Port Port Port Port P						
SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER	BER ARE YOU RELATED TO YOUR LANDLORD? YES NO IF YES, EXPLAIN.						
2. NAME	3	3. LANDLORD'S NAME, SOCIAL SECURITY NO., OR FEIN (MUST BE COMPLETED)						
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)	L	ANDLORD'S AD	DRESS, (CITY, STATE, AND ZIP COD	E (MU	IST BE COMPLETED)		
CITY, STATE, AND ZIP CODE	4	. LANDLORD'S	PHONE N	UMBER (MUST BE COMPL	ETED))		
5. RENTAL PERIOD FROM: MONTH DAY DURING YEAR	Y YEAR	TO: MONTH DAY YEAR						
Enter your gross rent paid. Attach rent receip or copies of cancelled checks (front and batter)		6	00					
7. Check the appropriate box and enter the cor								
A. APARTMENT, HOUSE, MOBILE HO	OME, OR DUPLEX — 100%							
☐ B. MOBILE HOME LOT — 100% ☐ C. BOARDING HOME / RESIDENTIAL	CADE 500/							
D. SKILLED OR INTERMEDIATE CAR	*****							
☐ E. HOTEL If meals are included, enter								
F. LOW INCOME HOUSING — 100%								
☐ G. SHARED RESIDENCE — If you sha								
or children under 18), check the a								
Additional persons sharing rent/	7	%						
8. Net rent paid — Multiply Line 6 by the percel FORM MO-PTS, LINE 12a OR FORM MO-P			<u></u>	8	00			



MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2005

2005 FORM MO-CRP

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Failure to provide landlord information will result in denial or delay of your claim.

	****					, ,					
1.	SOCIAL SECURITY NUMBER	CURITY NUMBER	BER ARE YOU RELATED TO YOUR LANDLORD? YES NO IF YES, EXPLAIN.								
2.	NAME		3. LANDLOR	3. LANDLORD'S NAME, SOCIAL SECURITY NO., OR FEIN (MUST BE COMPLETED)							
AD	DRESS OF RENTAL UNIT (DO NOT LIST F	P.O. BOX)	LANDLORD'S	LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)							
CI	Y, STATE, AND ZIP CODE		4. LANDLOR	D'S PHONE NUI	MBER (MUST BE COMPLE	ETED)					
5.	RENTAL PERIOD FROM: MC DURING YEAR	NTH DAY YEAR	•	TO:	MONTH DAY YEAR						
	☐ B. MOBILE HOME LOT — 1☐ C. BOARDING HOME / RES☐ D. SKILLED OR INTERMED	ont and back). If receiving hou ter the corresponding percentag MOBILE HOME, OR DUPLEX — 00%	ising assistance, enter the ge on Line 7 100% 45%			6		00			
	F. LOW INCOME HOUSING G. SHARED RESIDENCE – or children under 18), o	7		%							
8.	Net rent paid — Multiply Line 6 by FORM MO-PTS, LINE 12a OR FO					8		00			

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